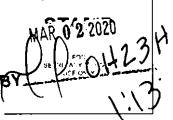
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Department of State - Busines	antations ss Services Division	2020 HAR
		MAR US
Articles of Incorporation		STARP 2
OMESTIC Non-Profit Corporation		ڈی • (T) •
→ Filing Fee: \$35.00		
he undersigned, acting as incorporator(s) of a allowing Articles of Incorporation for such corp		• <u></u>
1. The name of the corporation is:		
Snake Den Farmers Assoc	ciation	
2. The period of its duration is: CHECK ONE	BOX ONLY	
Perpetual (on-going)		
Date certain for dissolution		
3. The specific purpose or purposes for which	n the corporation is organized are:	
Operate a multifarmer co-operative.		
•	aw, which the incorporators elect to set forth i	box to indicate an attachment
for the regulation of the internal affairs of the o	aw, which the incorporators elect to set forth in corporation are: Corporation are:	
for the regulation of the internal affairs of the o N/A 5. Name and address of the initial registered a	aw, which the incorporators elect to set forth in corporation are: Corporation are:	n these Articles of Incorporation
for the regulation of the internal affairs of the o N/A 5. Name and address of the initial registered a	aw, which the incorporators elect to set forth in corporation are: Corporation are:	n these Articles of Incorporation
for the regulation of the internal affairs of the one of the initial registered a second state of the initial registere	aw, which the incorporators elect to set forth in corporation are: Corporation are:	n these Articles of Incorporation
5. Name and address of the initial registered a Agent Name Karen Augeri Benson, Esq. Street Address (NOT a P.O. Box)	aw, which the incorporators elect to set forth in corporation are: Check the agent/office in Rhode Island is:	n these Articles of Incorporation
for the regulation of the internal affairs of the one of the initial registered a fagent Name Karen Augeri Benson, Esq. Street Address (NOT a P.O. Box) One Court	aw, which the incorporators elect to set forth in corporation are: Check the agent/office in Rhode Island is: House Square	h these Articles of Incorporation

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 200 - Revised: 03/2019

address of the persons who are to serv	e as the initial directors are:		
NAME	ADDRESS		
Rebecca Roberts	41 Eagle Street Unit 349: Providence, RE02008 - 90 grown Ave, John RI D2919		
Lia Lee	106 Hanover Street, Providence, RI 029	106 Hanover Street, Providence, RI 02907	
Adam Graffunder	90 Brown Avenue, Johnston, RI 02919		
Marina Capraro	90 Brown Avenue, Johnston, RI 02919		
	Check	the box to indicate an attachment 🔽	
7. The name and address of each incor	rporator is:		
NAME	ADDRESS		
Rebecca Roberts	11 Eagle Street, Unit 349, Providence,	11 Eagle Street, Unit 349, Providence, BL02808- 90 Brown Ave, Johnston	
Lia Lee	106 Hanover Street, Providence, RI 029	106 Hanover Street, Providence, RI 02907	
Adam Graffunder	90 Brown Avenue, Johnston, RI 02919	90 Brown Avenue, Johnston, RI 02919	
Marina Capraro	90 Brown Avenue, Johnston, RI 02919	90 Brown Avenue, Johnston, RI 02919	
	Check	the box to indicate an attachment 🗹	
	ation will be effective: CHECK ONE BOX ONL	Y	
<ul> <li>✓ Date received (Upon filing)</li> <li>☐ Later effective date (Date must be Under penalty of perjury, I/we declare a</li> </ul>	e no more than 30 days from the date of filing)	es of Incorporation, including any	
<ul> <li>✓ Date received (Upon filing)</li> <li>☐ Later effective date (Date must be Under penalty of perjury, I/we declare a accompanying attachments, and that a</li> </ul>	e no more than 30 days from the date of filing)	es of Incorporation, including any rrect.	
<ul> <li>✓ Date received (Upon filing)</li> <li>☐ Later effective date (Date must be</li> <li>Under penalty of perjury, I/we declare a</li> </ul>	e no more than 30 days from the date of filing)	es of Incorporation, including any rrect. Date	
<ul> <li>✓ Date received (Upon filing)</li> <li>☐ Later effective date (Date must be Under penalty of perjury, I/we declare a accompanying attachments, and that a Type or Print Name of Incorporator</li> </ul>	e no more than 30 days from the date of filing)	es of Incorporation, including any rrect.	
<ul> <li>✓ Date received (Upon filing)</li> <li>☐ Later effective date (Date must be Under penalty of perjury, I/we declare a accompanying attachments, and that a</li> <li>Type or Print Name of Incorporator</li> <li>Rebecca Roberts</li> </ul>	e no more than 30 days from the date of filing) and affirm that I/we have examined these Articl II statements contained herein are true and co	es of Incorporation, including any rrect. Date	
<ul> <li>✓ Date received (Upon filing)</li> <li>☐ Later effective date (Date must be Under penalty of perjury, I/we declare a accompanying attachments, and that a</li> <li>Type or Print Name of Incorporator</li> <li>Rebecca Roberts</li> <li>Signature of Incorporator</li> <li>Mathematical Mathematical Signature of Mathematical Mathematical Signature of Signature of Mathematical Signature of Sig</li></ul>	e no more than 30 days from the date of filing) and affirm that I/we have examined these Articl II statements contained herein are true and co	es of Incorporation, including any rrect. Date I/I4/J0JD	
<ul> <li>✓ Date received (Upon filing)</li> <li>☐ Later effective date (Date must be under penalty of perjury, I/we declare a accompanying attachments, and that a Type or Print Name of Incorporator</li> <li>Rebecca Roberts</li> <li>Signature of Incorporator</li> <li>Multi Automatication</li> <li>Type or Print Name of Incorporator</li> </ul>	e no more than 30 days from the date of filing) and affirm that I/we have examined these Article ill statements contained herein are true and co SIGN DOCUMENT HERE	es of Incorporation, including any rrect. Date I/I4/J0JD	
<ul> <li>✓ Date received (Upon filing)</li> <li>☐ Later effective date (Date must be Under penalty of perjury, I/we declare a accompanying attachments, and that a</li> <li>Type or Print Name of Incorporator</li> <li>Rebecca Roberts</li> <li>Signature of Incorporator</li> <li>Mame of Incorporator</li> <li>Type or Print Name of Incorporator</li> <li>Type or Print Name of Incorporator</li> </ul>	e no more than 30 days from the date of filing) and affirm that I/we have examined these Articl II statements contained herein are true and co	es of Incorporation, including any rrect. Date I/I4/J0JD	
Date received (Upon filing) Later effective date (Date must be under penalty of perjury, I/we declare a accompanying attachments, and that a Type or Print Name of Incorporator Rebecca Roberts Signature of Incorporator Multiple or Print Name of Incorporator Type or Print Name of Incorporator Lia Lee	e no more than 30 days from the date of filing) and affirm that I/we have examined these Article ill statements contained herein are true and co SIGN DOCUMENT HERE	es of Incorporation, including any rrect. Date I/I4/J0JD	
Date received (Upon filing) Later effective date (Date must be under penalty of perjury, I/we declare a accompanying attachments, and that a Type or Print Name of Incorporator Rebecca Roberts Signature of Incorporator Lia Lee Signature of Incorporator Lia Lee Signature of Incorporator MM MMU	e no more than 30 days from the date of filing) and affirm that I/we have examined these Article ill statements contained herein are true and co SIGN DOCUMENT HERE	es of Incorporation, including any rrect. Date 1/14/JoJJ Date	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

**K** . . .

		•	
	ard of Directors of the Corporation is ( e to serve as the initial directors are:	not less than 3 directors) and the names and	
NAME	ADDRESS		
Jeroen Koeman	99 Diamond Hill Road, Bradfor	99 Diamond Hill Road, Bradford, RI 02808	
Marc Paulhus	39 Cucumber Hill Road, Foste	39 Cucumber Hill Road, Foster, RI 02825	
		Check the box to indicate an attachment	
7. The name and address of each	ach incorporator is:		
NAME	ADDRESS		
Jeroen Koeman	99 Diamond Hill Road, Bradfor	99 Diamond Hill Road, Bradford, RI 02808	
Marc Paulhus	39 Cucumber Hill Road, Foster	39 Cucumber Hill Road, Foster, RI 02825	
		Check the box to indicate an attachment 🗌	
8. Date when these Articles of	Incorporation will be effective: CHECK ONE E	BOX ONLY	
✓ Date received (Upon filing □ Later effective date (Date	g) must be no more than 30 days from the date	of filing)	
	declare and affirm that I/we have examined the nd that all statements contained herein are tru		
Type or Print Name of Incorpo		Date	
Marina Capraro		01/05/2020	
Signature of Incorporator	M SIGN DOCUMENT HERE	· · · · ·	
Type or Print Name of Incorpo	rator	Date	
Jeroen Koeman		. 02-19-2020	
Signature of Incorporator	SIGN DOCUMENT HERE		
Type or Print Name of Incorpo	rator	Date	
Marc Paulhus		1-17-20	
Signature of Incorporator	Sten pocument Here	1	

k ()

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

March 02, 2020 01:13 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

